

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

10 74 3932

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11	1					
12	1	2				
13	1					
14						
15						
16						
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21						
22						
23						
24						
25						
26						
27						
28	1					
29	1					
30	1					
31						
32						
33		2				
34						
35						
36						
37						
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41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	5					
TOTAL DEP.	20					
TOTAL CLAIMS	35					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						